21504 62699	10516 9		State of Ne Investion		Mo	tor Ve	ehicl	e A	ccide	en	t Re	port	;	Shee	et <u>1</u>	of _	2
2	Total Nur of Vehic					1	Hi			HIT & RUN	INVESTIGATION MADE AT SCENE?			? L 1			
A/1 01 A/2	DATE OF ACCIDENT		4/2015 Lancaste			S M T	W TH	F S	TIME OF ACCIDEI POLICE NOTIFIE	NΤ	1432 1430	itary Time)	STATE USE	E ONLY	,		
В	OF ACCIDENT	CITY	Lincoln								PRIVATE	YES NO	10/04	/201	5		
70	ROAD Of	ROAD ON WHICH STREET/ LOO ONE-WAY YES N							YES NO	LATITUDE							
с 1	DISTANCE	FROM	FEET	N	S E V	OF MILEPOST	т		HIGHW	1 YAV	STREET? NO.		LONGITUD	Έ			
D	IF AT INTERSECTION IF NOT AT INTERSECTION																
1 ∨1/M	N 27	NAM	ME OF INTERSECT	ING ROADWAY	<u>′</u>		FEET C	MILES	N S	E	W OF N	EAREST STREET	f, BRIDGE,	RAILI	ROAD C	ROSSING	3
01 V2/M	MILES		IF N S E	W AND MILES	VAS OUTS	SIDE CITY LI	MITS, IN	w OF	DISTANCE NEAREST Y OR TOWN		OM NEAF	REST TOWN					
14 E 1	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? YES X NO																
F	DRIVER		C0207	1024		V	EHICLE	NO. 1				STATE	NE		-v C) FEMALE	_
1 V1/N	DRIVER		NO. G02074	+024					PHONE 402-	438	B-5551	(Of License)	NE LOCAL NO	SE O.	-X X	MALE	-
2 V2/N	DRIVER ADDRE	DRIVER ADDRESS CITY STATE ZIP									V1/1						
2	DWNER PHONE LOCAL NO.									18 V1/2							
G 1	OWNER ADDRE	WNER ADDRESS CITY, STATE, ZIP CITATION YES CITATION NO.									- V 1/2						
<u>1</u>	3103 NORTH HILL RD #301, LINCOLN, NE 68504								NE	V1/3							
5 V1/O	VEHICLE	YEAR MAKE MODEL BODY STYLE COLOR ESTIMATED							TOTALE	DAMAG	500		V1/4				
2	VEHICLE ID NO. (VIN)	1FA	FP34PX3W	212345								E COMPANY E FARM					
V2/O 2	TOWED TO	•			TOWED BY						POLICY NO	7992-B13-2	27				- 18 V1/6
	DDIVED					V	'EHICLE	NO. 2			•	STATE		\equiv		FEMALE	45
1	DRIVER LICENSE DRIVER		NO. H13109	333					PHONE			(Of License)	NE LOCAL NO	SE O.	X	MALE	
1	BAKURA DRIVER ADDRE	BAKURA C JOKA 402-669-5278								V2/1							
V2/P	3514 N 48TH AVE, OMAHA, NE 68104 BIRTH (MM / DD / YYYY) 05/27/1969 OWNER PHONE LOCAL NO.									18 V2/2							
J	BAKURA OWNER ADDRE	BAKURA C JOKA 402-669-5278								V2/3							
01	3514 N 4	3514 N 48, OMAHA, NE							⊃ PENDI	LB 49213(_				
V1/Q 4	LICENSE PLATE	PA I	NO. TYE117	MAKE	11	MODEL		BODY STY	/I.F		YEAR ate Expires)	2016	STIMATED D	(Of PI	ate)	NE	V2/4
V2/Q	VEHICLE		2000	Honda		UEX		1	r Seda	n	gold		TOTALE)	V2/5
4	VEHICLE ID NO. (VIN)	NO. (VIN) THGCG 1059 (AUZ 1518							PRO	GRESSIVE					18 V2/6		
03	Complete this section for all injured persons							9066	37638	14 2 2 2 4 4			45				
		Comp (Com	plete this se plete a continuati	on report, if n	nore than t	jured pe hree were in	rsons jured)					OF BIRTH DD / YYYY)	Seat Position	2 Eject	Body Region	Injury Sev.	sex mans. M F
VEH. #	NAME			AD	DRESS												
	LOCAL NO. MEDICAL FACILITY NAME					EMS SE	EMS SERVICE NAME					EMS RUI	N REPO	ORT NO.			
VEH. #	NAME		<u> </u>	AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	IE .				EMS RUI	N REPO	DRT NO.		
VEH. #	NAME		<u> </u>	AD	DRESS												
	LOCAL NO.		MEDICAL FACILITY	NAME			EMS SE	ERVICE NAM	1E				EMS RUI	N REPO	DRT NO.		

	THE FOLLOWING	INFORMATION IS	REQUIRED FO	OR ALL ACCIDEN	TS			
	THE TOLLOWING	NCY CASE NO. 5-092421	CY CASE NO.					
Indicate North by Arrow								
	_							
	N H							
· · · · Not 7	To Scale							
	' north of the south co 6'-2" east of the east							
				2		- 		
				West Bound I-80 Ex	kit Ramp ►	- ·		
			N	27				
				27				
			¹ ¹ ↓					
Driver of veh #1 said that the a		ON OF ACCIDENT BASE				#2 D #2		
OBJECT DAMAGED OWN	ER NAME	ADDRESS		PHONE		APPROX. COST OF DAMAGE		
LT ERT						\$ APPROX. COST OF DAMAGE		
	ER NAME	ADDRESS ADDRESS		PHONE	PHOI	\$		
SS								
NAME		ADDRESS			PHOI	NE		
VEHICLE MOVEMENT BEFORE COLLISION VEHICLE ROAD OR	POINT OF IMPA	D AREA	BAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL	TS VEH 1 1 VEH 2 2		
VEH N S E W ROAD OR HIGHWAY NAME	(Enter numbers for second vehicle 1	vehicle 2			ALCOHOI TESTING	No. 1 No. 2 trian		
2 X I-80 EXIT RAI	POINT OF OF PO	OINT OF 01	loyed - front	1 None used - vehicle occupa	ALCOHOL LEVEL nt TESTED	N X N X N		
1 11 06 Turning left	MOST DAMAGED 05	MOST 2 Dep AMAGED 01 3 Dep	loyed - side loyed - both front/side	2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used	BAC LEVEL			
2 11 07 Making U-turn 08 Entering traffic lane	00 None 02	5 Not No	deployed applicable/ airbag available	5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	ALCOI DRU SUSPE	GS 1 1		
01 Essentially 09 Leaving straight ahead traffic lane	09 Top & windows		VEHICLE 2	9 Restraint use unknown VEHICLE 2	1 Neither	alcohol nor drugs suspected ohol suspected		
02 Backing 10 Parked 03 Changing lanes 11 Slowing or stopped in traffic Passing 12 Other	11 Total (all areas) 12 Other 08	07 06 -	4	2	3 Yes - dru	igs suspected ohol & drugs suspected		
05 Turning right 13 Unknown OFFICER NO.	TROOP/ TEAM/ NIVA/	DEPARTMENT	<u>4</u>		Photographs YES			
764 INVESTIGATOR NAME (Print or Type)	BEAT NW	Lincoln Po	taken? X NO					
Michael Schaaf		Approved by Ofc I	Michael Schaa	ŧ	DATE OF 10/04/2015			